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Substitute for Form PTO-875							10/581,269			01/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
	FOR	N	JMBER FIL	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *		1	x \$ =		OR	x s =	
	EPENDENT CLAIN CFR 1,16(h))	IS	m	inus 3 = *		1	x \$ =		1	x \$ =	
If the specification and drawings sheets of paper, the application is \$250 (\$125 for small entity) for additional 50 sheets or freshold \$5 U.S.C. 41(a)(1)(G) and 37 CF					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						ı	TOTAL		1	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.							IOIAL		J	TOTAL	
		(Column 1)  CLAIMS REMAINING	HIGHEST		(Column 3)	1		L ENTITY  ADDITIONAL	OR	SMA	ER THAN ALL ENTITY ADDITIONAL
AMENDMENT	11/14/2007	AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	Total (37 CFR 1.16())	· 14	Minus	<b></b> 20	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	<b></b> 3	= 0	1	x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
_							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**			x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	*	Minus	***	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))					ı			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter" 20".  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3".  The "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "20".  Sharp on well a specific paid to the specifi											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS